		and the second section of the section of t	
PLACE OF BIRTH		مند و و سو سو	ALTH
I. County of	ARIZO		RD OF HEALTH
District of	RUREAU OF	VITAL STATISTICS	
Town of		TIFICATE OF BIRTH	State Index No.
or Cric			County Registrar No.
City of	No	***********************************	Sten Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number) 2. Full name of child Oliva and Company of the child is not yet named, make supplemental report, as directed.			
3. Sex of Child To be answered in event of plubirths.	a oner /	other 6. Legitumate?	Date / 2 2 8 of birth / Month day year
s. Full name R M H		14. Full maiden name Ecle	MOTHER Praler
9. Residence (Usual place of abode)	(V) // //	15. Residence (Usual place of ab	ode) Globe
. If nonresident, give place and	state Thur	If nonresident, give pl	ace and state
10. Color or race	,t	. 16. Color or race	
W 11. Age	e at last birthday		7. Age at last birthday / 7 (Years)
12. Birthplace (city or place)	rex	, 18. Birthplace (city or pl	lace) 1 ex
(State or country)	<i>A</i>	(State or country)	
13. Occupation (13 Oc.	rber	19. Occupation Nature of industry	Houservile
20. Number of children of this mother (a) Born alive and now living 21. We're precautions taken against eph- (Taken as of time of birth of child herein (b) Born alive but now dead thalmia neonatorum? (c) Stillborn			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of this child, who was born alive or stillborn.) (Born alive or stillborn.)			
*When there was no attending physician or minwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth. Address Address			
a and besuggiful teholt		5/10 1928	27. Wirkling my
Month, d	lay, year.	41.	Local Registrar.
Registrur.	····· Filed	19	County Registrar,
	49	9-1400 -	< 9

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